

PTO/SB/87 (08-03)

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CUSTOMER NO.: 24498**MAIL STOP: APPEAL BRIEF - PATENTS**

ATTACHED: - FEE TRANSMITTAL (PTO/SB/17), in duplicate;
PETITION FOR THREE MONTH EXTENSION (PTO/SB/22),
in duplicate; and
APPELLANT'S BRIEF (17 pages).

Serial No.: 11/584,743 Examiner: Maurice L. McDowell, Jr.
Art Unit: 2628 Docket No.: PD040001

TOTAL NUMBER OF PAGES INCLUDING THIS SHEET: 22

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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P.02

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PTO/SB/17 (01/06)
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**Fee Transmittal
for FY 2007**

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **1650.00**

Complete if Known

Application Number	10/584,743
Filing Date	June 26, 2006
First Named Inventor	Sebastien Weltbruch
Examiner Name	Maurice L. McDowell, Jr.
Art Unit	2628
Attorney Docket No.	PD040001

METHOD OF PAYMENT (check all that apply)		CUSTOMER NUMBER: 24498
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<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments		
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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity	Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple Dependent Claims	Fee (\$)
200	100

Multiple dependent claims

Fee (\$)	Fee Paid (\$)
360	180

Total Claims

Extra Claims **Fee (\$)** **Fee Paid (\$)**

- or HP = x \$52 = \$0

HP = highest number of total claims paid for, if greater than 20.

Independent Claims

Extra Claims **Fee (\$)** **Fee Paid (\$)**

- or HP = x \$220 = \$

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x _____	_____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **Fee FOR THREE MONTH EXTENSION - \$1110.00**

Fee FOR Appeal Brief - \$540.00

Fee Paid (\$)

\$1650.00

SUBMITTED BY

Name (Print/Type)	JAMES MCKENZIE	Registration No. (Attorney/Agent)	51,148	Telephone	(609) 734-6866
Signature					
	January 26, 2010				

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND ANY COMMENTS OR SUGGESTIONS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-8198 and select option 2.

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PTO/SB/17 (01/06)

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Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. #610).

FEE TRANSMITTAL
for FY 2007 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)1650.00

Complete If Known	
Application Number	<u>10/584,743</u>
Filing Date	<u>June 26, 2006</u>
First Named Inventor	<u>Sebastien Weltbruch</u>
Examiner Name	<u>Maurice L. McDowell, Jr.</u>
Art Unit	<u>2628</u>
Attorney Docket No.	<u>PD040001</u>

METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER: 24498 Check Credit card Money Order None Other (please identify): _____ Deposit Account: Deposit Account Number 07-0832 Deposit Account Name: THOMSON LICENSING LLC

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

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2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity**Fee (\$)** **Fee (\$)**

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims**Extra Claims****Fee (\$)****Fee Paid (\$)****Multiple Dependent Claims****Fee (\$)** **Fee Paid (\$)** $- \text{ or HP} = \text{ } \times \$52 = \$0$

HP = highest number of total claims paid for, if greater than 20.

Independent Claims**Extra Claims****Fee (\$)****Fee Paid (\$)** $- \text{ or HP} = \text{ } \times \$220 = \$$

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100	/ 50 =	(round up to a whole number) x		=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fee Paid (\$)Other (e.g., late filing surcharge): **FEES FOR THREE MONTH EXTENSION - \$1110.00****\$1650.00****FEES FOR Appeal Brief - \$540.00****SUBMITTED BY**

Name (Print/Type)	JAMES MCKENZIE	Registration No. (Attorney/Agent)	51,148	Telephone	(609) 734-6868
Signature					January 26, 2010

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